IN THE

UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Stone et al.

SERIAL NO.:   09/607,066

FILED: June 29, 2000

TITLE: System And Method For Utilizing A Memory Device
To Support Isochronous Processes

EXAMINER: Nguyen, B.
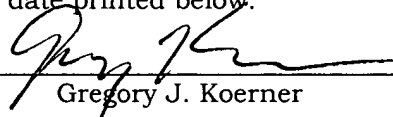
ART UNIT: 2661

ATTY DKT NO: 50N3534/1434

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date printed below:

Date: 7/6/04

Gregory J. Koerner

Amendment And Response Under Rule 116

Mail Stop AF
Commissioner for Patents
P.O Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Final Office Action mailed May 10, 2004, please reconsider the above-identified Application in light of the following remarks and amendments.

In re application of: **Stone et al.** 　　　　Atty. Docket No.: 50N3534/1434

Serial No.:　　　　09/607,066

Filing Date:　　JUL 0 9 2004　June 29, 2000

Title:　　　　**System And Method For Utilizing A Memory Device To Support Isochronous Processes**

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Technology Center 2600

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ]　　Small entity status of this application under 37 CFR §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

[ ]　　A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.

[X]　　No additional fee is required.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	Small Entity		or	Other Than a Small Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Number of Extra Claims Present	Rate	Additional Fee	or	Rate	Additional Fee
Total	49	Minus	51	0	x $11 =	$0.00		x $18 =	$0.00
Indep.	6	Minus	8	0	x $41 =	$0.00	or	X $86 =	$0.00
[ ] First Presentation of Multiple Dependent Claims					+$135 =	$0.00		+$270 =	$0.00
					Total Fee	$0.00		Total Fee	$0.00

*　　　If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**　　If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***　　If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[ ]　　Please charge my Deposit Account No. 50-1443 in the amount of $____. **A duplicate copy of this sheet is attached.**

[ ]　　Enclosed please find a check for $_____for additional claims and two terminal disclaimers.

[X]　　The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1443. **A duplicate copy of this sheet is attached.**

[X]　　Any filing fees under 37 CFR § 1.16 for the presentation of extra claims.

[X]　　Any patent application processing fees under 37 CFR § 1.17.

Respectfully submitted,

Dated: ___6/1/04___

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